

DATE SENT/MAILED
11-2-00

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
CORPUS CHRISTI, TEXAS
OFFICE OF SPECIAL EDUCATION

NOTICE OF THE ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING

FE: STUDENT John Ramirez SCHOOL Moody

INVITATION TO MEETING

We would like to invite you to attend an Admission, Review, and Dismissal (ARD) Committee meeting to discuss your educational programming or that of your child. We encourage you to attend this meeting, as your involvement is an important part of your/your child's education.

DATE 11-16 TIME 1:30 PLACE Library ROOM Conf.

Check (✓) all appropriate boxes.

The Purpose of this Meeting is to:

- ☐ Initiate special education services if your child meets eligibility criteria
- ☐ Review your child's program (including results of any new evaluations)
- ☐ Review Assessment
- ☒ Discuss the need for new assessment
- ☐ Discuss transfer of rights at age of majority
- ☐ Other (specify)

- ☐ Develop/review transition needs/Individual Transition Plan (ITP)**
- ☐ Develop and/or review the Individual Educational Plan (IEP) for your child
- ☐ Consider extended year services
- ☐ Discuss placement
- ☒ Discuss, at your request, any educational or related service not proposed above

This action is proposed because: 3 yr. reevaluation is due

Options considered before convening this meeting:

- ☐ Extra Time for Work Completion
- ☐ Add/Drop Related Services
- ☐ Compensatory Education
- ☐ Parent Conferences
- ☐ Change Modifications
- ☐ Increase/Decrease Special Education Time
- ☐ General Education
- ☐ Preferential Seating
- ☐ Oral Tests
- ☐ Counseling
- ☐ ISS
- ☐ Bilingual/ESL
- ☐ SQA Programs
- ☐ Behavior Management Strategies
- ☐ Modified or Shortened Assignments
- ☐ Add Vocational Classes
- ☒ Continue Current Program
- ☐ Tutoring
- ☐ Other

Comments:

** TRANSITION SERVICES

The purpose of this meeting is to review the Individual Transition Plan (ITP) and consider transition services in accordance with 19 TAC 89.1110 and 34 CFR 300.346(b)(1-2).

- ☐ The district will invite the student to this meeting.

The following agencies have been invited to send a representative to this meeting:

- ☐
- ☐
- ☐
- ☐

The provision of any educational or related service not proposed for discussion in this notice will be discussed at your request (describe if applicable).

Check (✓) all appropriate boxes.

The following persons have been asked to attend the meeting:

- ☒ Parent/Guardian/Surrogate Parent/Adult Student
- ☒ Instructional Representative
- ☒ School Administrator
- ☒ Adult Service Agency Representative
- ☒ Special Education Assessment Staff
- ☐ Other (list):

- ☐ Speech Pathologist
- ☐ Counselor
- ☐ Student**
- ☐ LPAC Representative
- ☐ Vocational Representative

The following evaluation procedures, tests, records or reports will be reviewed and discussed:

- ☐ Comprehensive Individual Assessment (e.g., language, physical, emotional/behavioral, sociological, intellectual, educational performance)
- ☒ School Permanent Records (e.g., grades, attendance reports, teachers' observations, achievement test scores, discipline reports)
- ☒ Classroom Observation Reports/Teacher Reports
- ☒ Independent Evaluation Reports
- ☒ Parent Information
- ☐ Individual Transition Plan (ITP)**
- ☐ Other (list):

Other factors relevant to this ARD committee meeting (describe if applicable):

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. AN EXPLANATION OF RIGHTS AND PROCEDURAL SAFEGUARDS OF A PARENT WITH A CHILD WITH DISABILITIES IN SCHOOL has been sent to PARENT by 11-2-00 on 11-2-00. If you have questions regarding these safeguards, please feel free to call 994-3500.

FOR SCHOOL USE ONLY

White Copy: Parent Copy Yellow Copy: Retain to document reasonable attempts to schedule meeting at agreed time. Attach yellow copy to ARD/IEP (Initial, Annual, Special Review) form and file in eligibility folder. Reminder was sent on 11-9 by Phyllis. Telephone call made on 11-3 by Phyllis.

You were previously sent the Notice of Comprehensive Individual Assessment which described the evaluation procedures and tests which would be used to determine your child's educational needs.

If you have any questions, please feel free to call the contact person below: AND RETURN TO YOUR CHILD'S SCHOOL

Karen Boyd
SCHOOL CONTACT PERSON

Sp. Ed. Chairperson
POSITION

854-3261 Ext 200

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT

Corpus Christi, Texas
Office of Special Education

Date Notified by Phone: 11-13-00

Date Mailed/Sent: 11-2-00

**FOLLOW-UP NOTICE OF ARD COMMITTEE ACTION
WHEN PARENT DOES NOT ATTEND ARD/IEP MEETING**

Student: John Samirez 6-29-84
First Middle Last Date of Birth

We are sorry that you were unable to attend the Admission, Review, and Dismissal/Individual Educational Program (ARD/IEP) meeting on 11-16-00. At the meeting it was determined that the above-named student:

☒ Was eligible for special education services. Please read the enclosed ARD/IEP Committee report, which:

- ☐ Outlines the Individual Education Plan and describes the services the student will receive.
- ☒ Reviews current data to determine any need for additional assessment
- ☒ The ARD committee determined that additional assessment was not needed.
- ☐ The ARD committee determined that additional assessment is needed. Notice of Reevaluation and Consent for Reevaluation are being sent to you on _____ Please complete and return Consent for Reevaluation to _____

☐ Was not eligible for special education services. Please read the enclosed ARD/IEP Committee report, which indicates why the student was not eligible and the educational program the student will receive.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in their native language or other mode of communication each time the District proposes or refuses to initiate or change the identification, evaluation, or educational placement of a child or the provision of a free, appropriate public education (FAPE) to a child. A full explanation of all procedural safeguards is included with this form:

Date: _____ To: _____

As legal guardian, I have received and reviewed the ARD/IEP report and committee recommendations. The Explanation of Rights and Procedural Safeguards Of a Parent with a Child With Disabilities in School has been given to me and I understand its contents. I further understand that after the special education services have begun, the ARD committee determines change or termination of services.

☐ I agree with and grant consent for the proposed special education program.

☐ I agree with the review of current data to determine need for additional assessment.

☐ I do not agree and request that another ARD/IEP meeting be scheduled at a mutually agreeable time so that I may attend and participate.

☐ I understand that the above-named student is not eligible for special education services.

Parent/Guardian/Adult Student Signature _____

Date _____

Comments: _____

If you wish to have more information or if you have questions, please contact the following staff person:

Karen Boyd, Sp. Ed. Chairperson Phone: 854-3261

Please keep the original copy and return the copy of this form to: Moody H.S.

Address: 1818 Trojan Dr. 78416

Attach the ARD document and the Explanation of Procedural Safeguards to this letter and send to the parent when the parent has not attended the ARD.

Original: Parent

Copy: Eligibility folder

Copy: School

Copy: Psychological Services

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

Special Education
Psychological Services

NOTICE OF REEVALUATION

Name of Student: John Ramirez DOB: 6-29-84
School: _____ Date Sent: _____

Due to recent amendments to the special education law, an Admission, Review, and Dismissal (ARD) committee meeting has been held prior to the reevaluation to review existing data and determine the scope of the reevaluation. The results of this meeting determined that reevaluation is required in the following areas:

Types of tests/techniques which may be used in the reevaluation of your child include the following:

- | | |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Language | formal and/or informal measures of language dominance and proficiency |
| <input type="checkbox"/> Physical | medical evaluations (if physical factors are suspected of adversely affecting educational performance) |
| <input checked="" type="checkbox"/> Emotional/Behavioral | formal and/or informal measures of emotional/behavioral characteristics which may influence learning |
| <input type="checkbox"/> Sociological | formal and/or informal measures of family/community relationships which may affect learning |
| <input type="checkbox"/> Intellectual/
Adaptive Behavior | tests which provide an estimate of the ability to acquire knowledge and formal/informal measures of the ability to function in the home, neighborhood and school |
| <input type="checkbox"/> Academic Achievement
and Learning
Competencies | formal and/or informal measures of basic skills in such areas as reading, mathematics, spelling, and other areas, including job-related skills, if appropriate. |

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been given to parent on 11-2-00 by PHUZA. If you have questions regarding these safeguards, please feel free to call 994-3500.

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

Psychological Services

TEST DATA SUMMARY SHEET

Name: John Ramirez ID#: 454 31 3620 Examiner(s): J. Hansen
D.O.B.: 6-29-84 School: Moody Grade: 10
D.O.T.: 4-20-01 Rpt date: 4-27-01 Age (yrs./months) 16 yrs. 10 mos.
(Circle One) Initial 3 Yr Re-eval
Follow-up Re-Eval
Out of District
Outside Referral
Test Language:
☒ English
☐ Spanish
☐ Bilingual

WPPSI	WAIS-3	WISC-III	WECHSLER INDIV ACHIEV TEST (WIAT)										
___ Ini	___ PC		Norms: ___ Age	___ Grade							___ Projective Drawings	___ MAPS	
___ Sin	___ COD/DS										___ Self-Concept Questionnaire		
___ Arith	___ PA		READING								___ MMPI	___ TAT	___ CAT
___ Voc	___ BD		Basic Reading								___ Incomplete Sentences		
___ Comp	___ OA		Reading Comprehension								___ Despert Fables		
___ Desp	___ SS		MATHEMATICS								___ Rorschach		
	___ Maze		Math Reasoning								___ Parent Interview		
	___ MR		Numerical Operation								<input checked="" type="checkbox"/> Clinical Interview	___ Parent Interview	
___ VIQ	___ PIQ	___ FSIQ	LANGUAGE								<input checked="" type="checkbox"/> Behavior Checklists		
	___ VC	___ PO	Listening Comprehension								<input checked="" type="checkbox"/> Conferences		
	___ FD	___ PS	Oral Expression								<input checked="" type="checkbox"/> Observations		
___ GAI		___ WM	WRITING								<input checked="" type="checkbox"/> Teacher interview		
			Spelling								WRAT-3		
TONI 2/3			Written Expression									S.S.	Grade
I.Q.: ___			Total Composite										
%ile: ___													

STANFORD-BINET (S-B)
M.A.: ___ Yrs ___ Mos
I.Q.: ___

STANFORD-BINET IV
___ Voc ___ Quant
___ Comp ___ QR SAS
___ Abs ___ Bd Mem
___ VR SAS ___ Mem-Sent
___ Pat An L ___ S-TM SAS
___ Cap ___ AVR SAS
___ Comp SAS

LEITER (R)
Developmental Age
I.Q.: ___

KBIT
Vocabulary ___
Matrices ___
Composite ___

OTHER:

WOODCOCK READING MASTERY - REV

Grade	%ile	S.S.	BENDER GESTALT (Kopplitz) (B-G)
___	___	___	Errors ___ SD ___ Age ___ Yrs ___ Mos
___	___	___	To ___ Yrs ___ Mos
___	___	___	Persv ___ Dist ___ Int ___ Rot ___
___	___	___	
___	___	___	BEERY VMI
___	___	___	Correct: ___
___	___	___	VMI ___ Yrs ___ Mos
___	___	___	SS: ___ %ile ___

WOODCOCK-JOHNSON ACHIEV TEST-REV

Age-Norms ___ Grade Norms ___
Cluster Scores ___ Broad Scores ___

	Age	Grade	%ile	S.S.
Reading	___	___	___	___
Math	___	___	___	___
Writ Lang	___	___	___	___
SUBTESTS	___	___	___	___
Lt-Wd ID	___	___	___	___
Wd Attack	___	___	___	___
P Comp	___	___	___	___
Calculation	___	___	___	___
Applied	___	___	___	___
Dictation	___	___	___	___
Writ Samp	___	___	___	___
Proofing	___	___	___	___
Rdg Voc	___	___	___	___
Quant Con	___	___	___	___

VINELAND ADAPTIVE BEHAVIOR SCALE-VBS

	A.E.	S.S.
Communication	___	___
Daily Living	___	___
Social	___	___
Motor	___	___
Composite	___	___

ALPERN-BOLL DEVELOPMENTAL PROFILE

Subtest:	Developmental Age (mos)
Physical	___
Self-Help	___
Social	___
Academic	___
Communication	___
I.Q. Equiv	___

Possible Handicapping Condition: DNQ ED. Qualifies LD/OHI by previous testing.

Staffed with: _____ Date: _____ Over

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

Psychological Services

Reevaluation Assessment

CONFIDENTIAL

Reason for Referral:

#R156

Emotional/behavioral testing was requested by a Reevaluation ARD Committee due to John's disruptive, non-compliant classroom behavior. John is currently receiving Special Education services at Moody High School due to a Learning Disability and ADHD/OHI (Other Health Impairment).

Testing Conditions/Observations:

Testing was attempted on several occasions, but could not be conducted due to John's excessive absenteeism. John attends Moody High School half-day and works off campus in the afternoons. However, he refuses to attend all day, except for one morning class and frequently skips school altogether.

Standardized assessment procedures were not used with this student. Projective assessment was refused by examiner. Therefore, the following procedures were utilized: interview and behavior rating scales were administered.

I. Assessment of Physical, Mental, and/or Emotional Conditions

Sources of data include the Request for Educational Assistance (R.E.A.) (demographic information and academic/behavioral concerns) which was completed by the student's teacher on 11/16/01, and the Health Inventory and Family Information form, completed via parent interview, which includes physical, emotional/behavioral, sociological, and adaptive behavior information. Dates of assessment data obtained from other sources will be listed only if different from the "Date of Evaluation" given below.

Name: Ramirez, John
DOB: 6/29/84 CA: 16 Years, 10 Mos.
School: Moody H.S. Grade: 10
Date of Evaluation: 4/20/01
Student ID#: 454313620
Date of Report: 4/27/01

Psycho-educational Evaluation

C. Assessment of Emotional/Behavioral Factors

Tests/Measures Used:

R.E.A.	11/16/01
Behavior/Academic checklist from teacher	12/11/00
Reports of Behavior from Staff	11/16/00, 4/20/01
Reports of Behavior during Testing by Counselor/Team	4/20/01
Clinical Interview	4/20/01

Interpretation:

Based on information from the identified sources, emotional/behavioral factors do not at present appear to adversely influence John's learning to a significant degree.

John appears to be a socially maladjusted individual, who chooses to violate school and community rules for personal gain. He is able to understand the consequences of his own behavior and, by his own admission, is also in control of his behavior. He expresses no remorse for his actions and proudly states that he has no intention to change.

Please see attached eligibility report for Emotional Disturbance.

Characteristics of John's behavior, as manifested in in-school and/or out-of-school settings which appear to influence his educational placement and programming include:

John is described by his teachers as aggressive, argumentative with authority, disrespectful to others, and disruptive in class.

Characteristics of John's behavior as manifested in in-school and/or out-of-school settings which appear to influence his ability to follow school disciplinary rules include:

John is able to follow all school disciplinary rules and should be subject to regular discipline procedures.

Psycho-educational Evaluation

D. Assessment of Sociological Factors

Measures Used:

R.E.A.

11/16/01

Teacher Reports

4/20/01

Interpretation:

Information from identified sources does indicate that significant culture and/or lifestyle factors may influence John's learning and behavioral patterns.

John belongs to a peer group, possibly gang-like and it's activities, which does not appear to value compliance with school and community rules. John may act inappropriately (i.e., disrespectful, aggressive, etc.) in order to preserve his reputation and esteem in his own eyes and in the eyes of his peer group.

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CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Comprehensive Individual Assessment
Statement of Eligibility

Date of Report: 4-27-01 SSN: 454 31 3620 Age: 16:10

Based on the data in this report, the student: John Ramirez

School: Moody High School Grade: 10 Sex: M

☒ does meet the eligibility criteria for special education services with the disability of:

Condition 1: Learning Disability Condition 4: _____
 Condition 2: DHI : ADHD Condition 5: _____
 Condition 3: _____

☐ does not meet eligibility criteria for special education services.

ASSURANCES (Representative of multidisciplinary team initial below.)

- JTH *The multidisciplinary team assures that the testing, evaluation materials, and procedures used for the purposes of evaluation were selected and administered so as not to be racially or culturally discriminatory.
- JTH *The multidisciplinary team assures that the tests and other evaluation materials have been validated for the specific purpose for which they were used.
- JTH *The multidisciplinary team assures that the tests and other evaluation materials were administered by trained personnel in conformance with the instructions provided by their producers.

I have reviewed this report and it reflects my professional conclusions.

<u>Multidisciplinary Team</u>	<u>Position</u>	<u>Agree</u>	<u>Disagree</u>
<u>Justine L. Hansen</u>	<u>LSSP</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

* Denotes required item.

** If you disagree, submit a written explanation of area(s) of disagreement.

REVIEWED BY:

John Hansen

Verification of Eligibility as Severely Emotionally Disturbed

A. Tests Administered

Date: 4/27/01

☐ Thematic Apperception Test
☐ Make a Picture Story
☐ Children's Apperception Test
☐ Rorschach
☐ Minnesota Multiphasic Personality
Inventory
☐ Parent Interview
☒ Clinical Interview

☐ Incomplete Sentences
☐ Despert Fables
☐ Self-Concept Questionnaire
☐ Draw-A-Person
☐ House-Tree-Person
☐ Kinetic Family Drawing
☐ Behavior Evaluation Scale
☒ Other: BASC - Teacher Rating Scale, BASC -
Self-Report, and Teacher Information and
Interview

☒ Student Observation(s)

B. Test Interpretation:

John was extremely resistant to testing. He expressed anger towards this examiner for embarrassing him by coming into his classroom to get him for testing. He stated that he did not need to be tested, and that he believes the tests are designed to make people feel bad about themselves. He also expressed anger about having been previously labeled LD and ADHD/OHI and placed in Special Education. However, he does not want to be exited from Special Education because it's the only way he can be in the half-day work program, but added that he otherwise doesn't need Special Education services. He attributed his failing grades to his lack of effort, attendance, and concern; but defended his ability to do the work.

John refused to participate in projective testing, but allowed an interview and completed a BASC. John's BASC responses indicate that his attitude toward school and teachers are areas of significant maladjustment for him. A BASC completed by John's teacher indicates that hyperactivity and aggression are areas of concern. No other emotional/behavioral concerns were noted by John's teacher.

An interview revealed that John does not value or prioritize school. He expressed a general dislike of teachers and school. He does value his job and his peer group. However, he lost his job due to possession of marijuana and belongs to a delinquent peer group. John appears extremely wary of trusting others and states that he will purposefully lash out at any person he perceives to be disrespectful of him. He has done this in the past and has no remorse for his actions.

John's teachers describe him as an oppositional student with an attitude problem and suspect him of gang membership. They state that he has rejected efforts to help him meet his school goal. One of his teachers has established adequate rapport and John describes her as the only teacher he likes/tolerates. However, he skips and behaves inappropriately in her class despite that he is afforded many privileges and rewards. John does not attend his other classes at all.

4. Recommendations for behavioral management in the educational setting:

Firm, clear boundaries and expectations should be set with John. All redirections should be made in private. Every attempt to demonstrate respect towards John should be made. He will refuse to work with, and may be aggressive towards any person he perceives as lacking respect for him. John does not like working with his peers, especially those he perceives to be inferior to him. Little can be gained from forcing him to work with others as he will resist and may fight verbally or physically with other students. John works best in hands-on activity oriented situations. John may agree to work for special privileges, such as computer time or free time. John enjoys computers.

Gustine Stansen
Licensed Specialist in School Psychology

Reviewed/Supervised by:

[Signature]
Coordinator for Psychological Services
Licensed Psychologist

PS-94-Psy-ED
ch

Name: John Ramirez DOB: 6/29/84 School: Moody H.S.

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas
Psychological Services

TEST DATA SUMMARY SHEET

Initial
Yr Re-eval
Follow-up Re-ev
Out of District
Outside Referral

Name: John H. Ramirez Student ID# 9665114 Examiner: Gutierrez
D.O.B.: 6-29-84 School: Cunningham Grade 8 Test Lang English
D.O.T.: 1-15-98 Age (yr. mo.) 13 yrs. 7 mos. Bilingual

circle one)
PPSI WISC-R WAIS
AIS-R WISC-III

Inf PC
Sim PA
Arith BD
Voc OA
Comp COD
Dsp Maz
SS
VIQ PIQ FSIQ
VC PO
FD PS

STANFORD-BINET(S-B)

M.A. yrs mos
I.Q.

Vineland Adap Behav Scale
(VABS)

Commun A.E. S.S.
D. Living
Social
Motor
Composite

P.P.V.T. (R)

M.A. yrs mos
S.S.

TONI -2
I.Q. 110

PROJ. DRAWING MAPS
S/Concept Quest.
MMPI TAT CAT
INC. SENT DESPERT
RORSCHACH
PARENT INTERVIEW
CLINICAL INTERVIEW
BEHAVIOR CHECKLIST
CONF. (STATE/OTHER)
OBSERVATIONS

BEERY VMI Correct
VMI yrs mos
S.S.:

WOODCOCK-JOHNSON READING MASTERY

WRMT) gd ts ss
Letter ID
Word ID
1. Attack
1. Comp
Pass Comp
1. Read

ENDER GESTALT (KOPPITZ) (B - G)
Errors SD VP Age yrs mos
1. yrs mos
1. Dist Int Rot

WRAT-R/WRAT-III

Reading 99 ss
Spelling 6 92
Math 8 105
8 104

STANFORD-BINET IV

Voc Quant
Comp QR SAS
Abs Bd Mem
VR SAS Mem-Sent
Pat An L S-TH SAS
Cap
A/VR SAS
Composite (SAS)

TEST OF ADOLESCENT LANG (TOAL)

PERN-BOLL DEV PROF

1. Dev Age (Mos)

Physical
Self-Help
Social
Academic
Communication
Q. Equiv

ELA
1. Math
1. IGIANCE
1. Read
1. Math

WOODCOCK-JOHNSON ACHIEV TEST-R(WJ-R)

Age-Norms Grade Norms
Cluster Scores Broad Scores
ae/gd % ss

Reading
Math
Writ Lang
Subtests
Letter-Wd.
Wd. Attack
Pass Comp.
Calc
Applied
Dictation
Writ Samp
Proofing

WECHSLER INDIVIDUAL ACHIEV TEST (WIAT)

Norms: Age Grade
READING gd ss

Basic Reading
Reading Comp
MATHEMATICS
Math Reasoning
Numerical Oper
LANGUAGE
Listening Comp
Oral Expression
WRITING
Spelling
Written Expr
Total Composite

1. Possible Handicapping Condition:

1. LD
2. OHT Pending
med

Staff with:

Date:

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas
Psychological Services

#R621 CONFIDENTIAL

THREE-YEAR REEVALUATION ASSESSMENT REPORT

Name: John H. Ramirez DOB: 6-29-84 Age: 13-7 School: Cunningham
Student ID#: 9665114 Grade: 8 Date of Evaluation: 1-15-98 Examiner: Gutierrez

☒ Yes Assessment of this student was conducted using standard assessment procedures.
☐ No If no, explain rationale for deviating from procedures, interpreting results and determining educational need.

I. Assessment of Physical, Mental and/or Emotional Conditions

A. Language Assessment

Tests/Measures Used: Health Inventory/Family Information; R.E.A.; Other Sources of Data: _____

Dominant Language: ☒ English ☐ Spanish ☐ Bilingual ☐ Other: _____

Proficiency: Expressive ☐ above average ☒ average ☐ below average
Receptive ☐ above average ☒ average ☐ below average

Mode of Expression: ☒ Oral ☐ other: _____

B. Assessment of Physical/Health Factors

Vision Results: R 20/20 L 20/20 Date: 4/25/97 Hearing Results: R P L P Date: 4/25/97

Based on the information provided by the parent on the Health Inventory Information form, no physical/health factors appear to adversely affect this student's educational performance.
☒ See attached eligibility report(s) for physical handicap(s). OH! Eligibility based on prior evaluation. New medical has been requested.

C. Assessment of Emotional/Behavioral Factors

Tests/Measures Used: Health Inventory/Family Information; R.E.A.

☐ Behavior/Academic checklist from teacher ☐ Clinical Interview
☐ Reports of behavior from staff ☐ Classroom Observation
☒ Report of behavior during testing by counselor/diag. staff ☐ Objective Personality Tests
☐ Parent Interview ☐ Projective Tests/Drawings

☒ No emotional/behavioral factors appear to adversely affect educational performance.
☐ See attached eligibility report for emotional disturbance.

In school/out of school behaviors influencing learning/ability to follow disciplinary rules: John should be expected to follow school disciplinary rules.

THREE-YEAR REEVALUATION ASSESSMENT REPORT (Cont.)**D. Assessment of Sociological Factors**Measures Used: Health Inventory/Family Information; R.E.A.

Other Sources of Data: _____

Cultural/Life Style factors and/or lack of opportunity ____ do ☒ do not appear to affect educational performance. If so, explain: _____**E. Assessment of Intellectual Functioning**

Tests Administered: ____ WISC-R ____ WISC-III ____ WAIS ____ WAIS-R

____ Stanford-Binet ____ Slosson Intelligence Test

☒ TONI ____ OTHER: _____Test Results: Verbal IQ ____ Performance IQ ____ Full Scale IQ ____
IQ 110 Composite IQ ____ Partial Composite IQ ____Adaptive behavior was assessed using: ____ formal measures ☒ informal measures

Tests/Measures Used: Health Inventory/Family Information; R.E.A.

Other Sources of Data: _____

☒ Observation of this student indicates that his/her adaptive behavior appears to fall as expected according to age and cultural background and is commensurate with his/her level of intellectual functioning.

____ Results of formal assessment of adaptive behavior: _____

____ See attached report.

II. Educational Performance Levels: Test(s) Administered____ WRAT-R ____ WJAT-R ____ WRMT ☒ WRAT-3 ____ WIAT ____ Other: _____

Test Results: Reading	GE <u>6</u>	SS <u>92</u>	Written Lang.	GE ____	SS ____
Spelling	GE <u>8</u>	SS <u>105</u>	Reading Comp.	GE ____	SS ____
Math	GE <u>8</u>	SS <u>104</u>	Other:	_____	

III. Assessment of Learning Competencies

Measures Used:

Criterion or Curriculum-Referenced:

____ Informal Reading Inventory

____ Informal Math Inventory

☒ Bender-Gestalt Test of Visual Motor Skills

Other Sources of Data: _____

PS-94-3YR-2

Name: John H. RamirezDOB: 6-29-84School: Cunningham

THREE-YEAR REEVALUATION ASSESSMENT REPORT (Cont.)

Test results and interpretation (including specific strengths and weaknesses).

John's strengths appear to be in spelling and math while his weaknesses appear to be in reading. In reading, John was able to identify consonants, vowels, consonant clusters, vowel digraphs, and phonetic irregularities. He appeared to have problems applying skills to the decoding of multi-syllabic words. John was able to decode 22 of 33 words. He was able to decode words like "urge, conspiracy" and "quarantine" but not "rancid, deteriorate" and "rudimentary". In spelling, John was able to spell 23 of 40 words. He was able to spell words like "reverence, commission" and "imperturbable" but not "purchase, museum" or "illogical".

With the use of the following modifications, this student should be expected to achieve a mastery level of 70% in all content areas in order to receive a passing grade, and, thus, to participate in extracurricular activities (Indicate those that apply: R = Regular; C = Compensatory; S = Special Education).

- | | |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> R Leave class for resource assistance | <input type="checkbox"/> Special instructional or adaptive equipment |
| <input checked="" type="checkbox"/> PS Extended time for completion of assignments | <input type="checkbox"/> Alternative materials |
| <input checked="" type="checkbox"/> PS Shortened assignments | <input checked="" type="checkbox"/> R Alter grade distribution |
| <input checked="" type="checkbox"/> RS Reinforcement techniques | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Assistive technology devices/services were considered | |

Recommendations:

None needed to implement student's current IEP

IV. Eligibility:

- ☒ See attached eligibility report.
☐ No handicapping condition is noted under current eligibility criteria.
☐ This appears to indicate a change in handicap eligibility.

V. Placement Recommendation:

Modified
☒ regular ☐ resource ☐ P S/C ☐ SC

Other Recommendations:

as needed

PS-94-3YR-3

Name:

John H. Reming

DOB:

6-29-84

School:

Constitution

THREE-YEAR REEVALUATION ASSESSMENT REPORT

In math, John was able to add and subtract with borrowing, multiply by 2 digits, divide by single digit, convert hours to minutes and fractions to percentages, add and subtract mixed fractions, and multiply numbers with unlike signs. Visual perception appeared to be adequate.

PS-91-3YR

Name:

John H. Kamins

DOB:

6-29-84

School:

Cunningham

A. Observation of Classroom Behavior

Observation of John's classroom behavior by S. Warner
Position: Teacher Date: 1-16-98 revealed the following regarding the relationship of behavior and educational functioning:

needs a lot of redirection - will disrupt activities of peers at times, can be argumentative with adults

8. Determination of Severe Discrepancy

Results of the preceding evaluation indicate that this student's score of 110 on overall nonverbal (circle one) intellectual functioning falls within the average range (see page 4). A comparison of this standard score and standard scores of academic achievement (see page 7) (all with a mean of 100 and standard deviation of 15, unless otherwise noted) reveals the following:

Skill Area	Achievement Standard Score	Point Difference from I.Q.	Severe (✓)
Oral Expression			
Listening Comprehension			
Written Expression			
Basic Reading Skills	92	-18	✓
Reading Comprehension			
Math Calculation	104	-6	
Math Reasoning			
Spelling			

C. Functional Implications:

Based on the data presented in this report, the multidisciplinary assessment team has determined that the severe discrepancy between achievement and ability is not correctable without special education and related services for the following reason(s): appears to need instruction on functional level word repetition, drill, and modifications.

Based on information from the preceding evaluation of physical, emotional/behavioral, sociological and intellectual factors, the primary cause of the severe discrepancy does not appear to be a visual, hearing or motor handicap, mental retardation, emotional disturbance or environmental, cultural or economic disadvantage.

On the basis of data presented this student does not appear to meet eligibility criteria as having a learning disability.

Instruction (S. Warner)

Assessment Representative A. Gutierrez

Agree ☒ Disagree ☐

Agree ☒ Disagree ☐

Reviewed/Supervised by:

Coordinator for Psychological Services

NOTE: If a team member disagrees with the conclusions reflected in the report, he/she must submit a separate statement presenting his/her conclusions.

PS-94-PSY-LD

Name: John T. Komirg DOB: 6-27-84 School: Cummins

Psych-Educational Assessment

IV. Verification of Eligibility: Physical Disability

Functional Implications:

Medical dated 10/24/95 diagnosed John's
handicapping condition as Other Health
Impairment due to ADHD. Functional
implications include problems with
concentration and completion of tasks.

Results of the preceding evaluation and the attached medical report(s) indicate that this student meets the eligibility criteria for the following handicapping condition(s):

- ☐ Auditory Impairment (otology/audiology reports attached)
 - ☐ Visual Impairment (vision specialist/functional vision reports attached)
 - ☒ Other Health Impairment (physician's report attached)
 - ☐ Orthopedic Impairment (physician's report attached)
- Eligibility based on prior
evaluation. New medical
has been requested.*

A. Gutierrez
Assessment Representative

Reviewed/Supervised by:

Diana Haskin
Coordinator of Psychological Services

Student's Name:

John Ramirez

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT

Corpus Christi, Texas
Psychological Services

TEST DATA SUMMARY SHEET

Initial
☒ Yr Re-eval
☐ Follow-up Re-ev
☐ Out of District
☐ Outside Referral

Name: John H. Ramirez Student ID# 9665114 Examiner: Gutierrez
D.O.B.: 6-29-84 School: Cunningham Grade 8 Test Lang ☒ English
D.O.T.: 1-15-98 Age (yr. mo.) 13 yrs. 7 mos. ☐ Spanish
☐ Bilingual

circle one)

PPSI WISC-R WAIS
AIS-R WISC-III

Inf PC
Sim PA
Arith BD
Voc OA
Comp COD
Dsp Maz
SS
VIQ PIQ FSIQ
VC PO
FD PS

STANFORD-BINET(S-B)

M.A. ___ yrs ___ mos
I.Q. ___

P.P.V.T. (R)

M.A. ___ yrs ___ mos
S.S. ___

Vineland Adap Behav Scale
(VABS)

Commun A.E. S.S.
D. Living
Social
Motor
Composite

TONI 2
I.Q. 110

PROJ. DRAWING MAPS
S/Concept Quest.
MMPI TAT CAT
INC. SENT DESPERT
RORSCHACH
PARENT INTERVIEW
CLINICAL INTERVIEW
BEHAVIOR CHECKLIST
CONF. (STATE/OTHER)
OBSERVATIONS

WOODCOCK-JOHNSON ACHIEV TEST-R(WJ-R)

Age-Norms ___ Grade Norms ___
Cluster Scores ___ Broad Scores ___
ae/gd % ss

Reading
Math
Writ Lang
Subtests
Letter-Wd.
Wd. Attack
Pass Comp.
Calc
Applied
Dictation
Writ Samp
Proofing

WOODCOCK READING MASTERY

WRMT) gd ts ss
Letter ID
Word ID
1. Attack
1. Comp
1.5 Comp
1.5 Read

ENDER GESTALT (KOPPITZ) (B - G)

Errors SD VP Age yrs mos
1. yrs mos
1.5 Dist Int Rot

WRAT-R/WRAT-III

Reading 9d 92
Spelling 8 105
Math 8 104

STANFORD-BINET IV

Voc Quant
Comp QR SAS
Abs Bd Mem
VR SAS Mem-Sent
Pat An L S-TM SAS
Cap
A/VR SAS
Composite (SAS)

TEST OF ADOLESCENT LANG (TOAL)

WECHSLER INDIVIDUAL ACHIEV TEST (WIAT)

Norms: Age Grade
READING gd ss
Basic Reading
Reading Comp
MATHEMATICS
Math Reasoning
Numerical Oper
LANGUAGE
Listening Comp
Oral Expression
WRITING
Spelling
Written Expr
Total Composite

PERN-BOLL DEV PROF

Test: Dev Age (Mos)
Physical
lf-Help
cial
ademic
mmun
Q. Equiv

LA
y Math
IGANCE
f. Read
f. Math

Visible Handicapping Condition: 1. LD

Aff with: Date:

Perkins

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

Special Education
Psychological Services

NOTICE OF REASSESSMENT

Name of Student: JOHN RAMIREZ

DOB: 06/29/84 ID: 9665114

School: CUNNINGHAM

Date Sent: 12/12/97

Federal regulations and state law require that each handicapped student be reassessed at least every three years. Due to this requirement, no other options are available for consideration. There will be at least a *five (5) day interval* between your receipt of this notice and the initiation of the reassessment.

Types of tests/techniques which may be used in the reassessment of your child include the following:

- **Language** formal and/or informal measures of language dominance and proficiency
- **Physical** medical evaluations (if physical factors are suspected of adversely affecting educational performance)
- **Emotional/Behavioral** formal and/or informal measures of emotional/behavioral characteristics which may influence learning
- **Sociological** formal and/or informal measures of family/community relationships which may affect learning
- **Intellectual/
Adaptive Behavior** tests which provide an estimate of the ability to acquire knowledge and formal/informal measures of the ability to function in the home, neighborhood and school
- **Academic Achievement
and Learning
Competencies** formal and/or informal measures of basic skills in such areas as reading, mathematics, spelling, and other areas, including job-related skills, if appropriate.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. The *EXPLANATION OF PROCEDURAL SAFEGUARDS* was sent to you by the Corpus Christi Independent School District on _____. If you have questions regarding these safeguards, please feel free to call 994-3500.

PS-NR-95
jh 12/10/97

Assigned Examiner: Angie Gutierrez

12/12/97
DATE SENT

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

CONSENT FOR COMPREHENSIVE INDIVIDUAL ASSESSMENT

Student: JOHN RAMIREZ

DOB: 06/29/84

School: CUNNINGHAM

You have received the NOTICE OF COMPREHENSIVE INDIVIDUAL ASSESSMENT.

We need your permission to test your child/you to find out what your child's/your educational needs are.

Please check the appropriate box by each statement, sign your name, and date and return this form to the school as soon as possible.

☐ YES ☐ NO I have been fully informed and understand the assessment process and why it has been recommended for my child/me. If NO, please explain:

☐ YES ☐ NO I have been given the name and telephone number of a school staff member whom I may call if I want more information or if I have any questions. If NO, please explain:

☐ YES ☐ NO I give my permission for the testing that has been recommended for my child/me. If NO, please explain:

☐ YES ☐ NO I understand that my consent for assessment is voluntary and may be revoked at any time. If NO, please explain:

☐ YES ☐ NO I have been informed in my native language or other mode of communication.

☐ YES ☐ NO I give permission for the testing to begin immediately by waiving the required five school day waiting period between notice of assessment and initiation of the assessment.

SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT

DATE

SIGNATURE OF INTERPRETER, IF USED

DATE

Please return this form to Dr. Adrian Haslon, Coordinator for Psychological Services, 1530 Airline Road, Corpus Christi, Tex 78412, as soon as possible.

dg
PS-97

Assigned Examiner: Angie Gutierrez

*Address time changes in speech and related services here.

Student Kamirez, John

9665114

The ARD committee has determined that the student's placement will be:

School WYNN SEALE

Instructional Arrangement

Resource 03
(CM only)

☒ This placement continues to be in the least restrictive environment (LRE) appropriate for this student as stated in his/her previous ARD committee report.

☐ This placement is in a more restrictive environment than that assigned in the ARD committee report noted above. An LRE supplement form has been completed (attached).

Circle One: TAAS/TBS

	Take	Exempt
<input type="checkbox"/> Mathematics	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Writing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reading	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> All areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Modifications:
☐ use an interpreter
☐ allow oral response
☐ administer individually
☐ use Braille or larger print

UPDATED TIME	POSITION	SP. ED.	SIGNATURE	AGREE	DISAGREE
Regular education <u>3:00 pm</u>	Parent/Guardian/Surrogate		<u>Parent not present</u>		
Special education <u>0</u>	Parent/Adult Student				
Related/Other Services:	Administration		<u>Anthony - [unclear]</u>	<input checked="" type="checkbox"/>	
Speech	Instruction	<input checked="" type="checkbox"/>	<u>McDeane [unclear]</u>	<input checked="" type="checkbox"/>	
OT	Instruction (SPEECH)				
PT	Consultant/Chairperson				
Counselor	Assessment <u>▲</u>	<input checked="" type="checkbox"/>	<u>Jose De La Cruz 0017</u>	<input checked="" type="checkbox"/>	
Health	Counselor				
Auditory	Related Services Rep.				
Vision	Vocational Teacher <u>◆</u>				
Music Tr.	Certified VH/AH Specialist <u>+</u>				
O&M	LPAC <u>★</u>				
Special Education Transportation: <u>(V)</u>					

+ Total time for speech and all related services
 + When student is identified as VH/AH
 ▲ When assessment data are considered
 ★ For limited English proficient students
 ◆ When vocational programs are considered

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed. Information explaining why mutual agreement has not been reached should be noted in the ARD minutes and may be attached by the ARD meeting participants.

☒ The committee mutually agreed to implement the program reflected in these proceedings. OR:

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives and/or gather additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on _____

Place and Time

Date

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been given to Mrs. Alexander by Diane Trevino on 6-19-96. If you have questions regarding these safeguards, please feel free to call 994-3500.

COMPUTER DATA BY DLC 0017

UPDATED DATA

New School Placement <u>053</u>	Previous IA Code <u>03</u>	New IA Code <u>03</u>	New Program Type <u>CM</u>
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SE 003.87.95

Page ____ of ____

ARD MINUTES

Student's Name: John Ramirez Date: 1-19-96
Date of Birth: 06-29-81 Recorder: M. Guevito

ARD Committee Members:

See Signature Page

Parent not present but M. Guevito spoke on the phone with her and she gave permission to have meeting without her. Results will be mailed to parent.

Purpose: To discuss handicapping condition

John received a doctor's physical exam. He was found to be Other Health Impaired (ADHD).

Parent indicated over the phone that John is presently under medication (prescribed by Dr. I), but did not name medication or dosage.

All members were in agreement with discussion in ARD.

M. Guevito

71-1

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

Please return to:
Psychological Services
1530 Airline Road
Corpus Christi, TX 78412

MEDICAL ASSESSMENT RECORD FOR SPECIAL EDUCATION ELIGIBILITY

To be considered for special education services, a student must meet specific eligibility criteria for one or more handicapping conditions, as defined by state and federal law.

Verification of Eligibility: **OTHER HEALTH IMPAIRMENT**

Other health impairment means having limited strength, vitality or alertness, due to chronic or acute health problems including, but not limited to, the following:

- a heart condition
- lead poisoning
- sickle cell anemia
- hemophilia
- nephritis
- attention deficit disorder
- tuberculosis
- leukemia
- epilepsy
- asthma
- rheumatic fever
- diabetes

Student: John Ramirez Age: 11 DOB: 6/29/84
Parent: Guadalupe Alijandiro School: Wynne Seale

PHYSICAL EXAMINATION		Normal	Abnormal	Not Examined		Normal	Abnormal	Not Examined
Weight <u>83 lb</u>	Height <u>55</u>							
Head Circum.								
General Appearance, Posture, Gait		✓			Lymph Nodes	✓		
Behavior During Exam		✓			Thyroid	✓		
Activity Level		✓			Heart	✓		
Speech		✓			Lungs	✓		
Skin		✓			Abdomen	✓		
Eyes: External		✓			Genitalia	✓		
Fundi			✓		Bones, Joints, Muscles	✓		
Ears: External		✓			Neurological Examination	✓		
Tympanic Membranes		✓			Fine-Motor Function	✓		
Nose, Mouth, Pharynx		✓			Gross-Motor Function	✓		
Teeth		✓			Other			

Coord. of Psych. Services
Office of Special Education

JAN 5 1996

Corpus Christi I.S.D.

SIGNIFICANT MEDICAL HISTORY

none

(*) Must be completed.

Based on my examination dated 10/29/95, this child ✓ does or does not appear to meet the criteria for other health impairment.

Type of Impairment ADHD

Severity of Impairment moderate

Implications for student's education (e.g., precautions regarding student's mobility, activity, cognitive ability; need for rest periods and special equipment; effects of any medication; and need for medical update(s):

Physician's Signature

Reviewed By L. Haby C.P.N.R.

Physician's Name (Please Print)

Date: 1/9/96 Dx: 01

Date

10/29/95

All procedures and information in this document are required by law and SBCE 89.221

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

☐ Admission
☒ Review
☐ Dismissal

ADMISSION, REVIEW AND DISMISSAL (ARD) COMMITTEE MEETING

09/22/95
ARD Notification Date

09/29/95
Date of Meeting

Please Print

<u>Ramirez</u>	<u>John</u>	<u>H.</u>	<u>9665114</u>	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
STUDENT LAST NAME	FIRST	MI	ID NUMBER	
<u>06' 29' 84</u>	<u>Wynn Scale</u>	<u>06/CM</u>	<u>053</u>	
DATE OF BIRTH	SCHOOL	GRADE/PROGRAM	SCHOOL #	

☐ YES ☒ NO An interpreter was used to assist in conducting the meeting. If YES, specify language:
Language: _____ by: _____

1. REVIEW OF ASSESSMENT DATA (check [X] if applicable)

☒ Assessment reports:

☒ Comprehensive individual assessment: 11-29-94, 1-9-95
DATE(S) OF REPORTS

☒ Assessment(s) or related services Specify:

Speech 5/21/93 9-26-95 (dismissed)
NAME OF SERVICES DATE OF REPORTS

NAME OF SERVICES DATE OF REPORTS

☐ Vocational assessment: Not age appropriate
DATE(S) OF REPORTS

☒ Records from other school districts:

ARD/IEPS / Psychological Report received from West Overton & Houston 9/18/95

☐ Information from parents/student:

☒ Information from school personnel:

Behavior: Current performance

☐ Information from other agencies or professionals:

☐ YES ☒ NO Additional assessment was discussed.

Additional assessment is as follows: _____

Specify timeline for assessment to be completed: _____

2. DETERMINATION OF ELIGIBILITY (check [X] if applicable)

Based on the assessment data reviewed, the committee has determined that the student:

☐ does not meet eligibility criteria as a handicapped student.

☒ meets eligibility criteria for:

Learning Disabled, Specific Reading Disability JCDEC

HANDICAPPING CONDITION(S)

Ramirez John H.
STUDENT LAST NAME FIRST MI

3. DEVELOPMENT OF THE INDIVIDUAL EDUCATIONAL PLAN (IEP)

☒ ☐ The ARD committee reviewed achievement on each short-term objective of the previous YES NO year's IEP. (Applicable to all but initial ARD meetings.)

PRESENT COMPETENCIES

Physical, as it affects participation in:

instructional settings (include special medical procedures if needed) In good general health with adequate vision and hearing. Had speech difficulties but not longer requires speech therapy.
physical education no limitations

☒ ☐ The student is capable of receiving instruction in the essential elements of physical education through the regular program without modification. If "NO", attach Physical Education Modification Plan

☐ ☒ Medication/Frequency
YES NO

☐ ☒ Special medical procedures (see attached Care Plan)
YES NO

Behavioral, as it affects:

educational placement, programming or discipline hyperactive, distractible, inattentive, does some work, difficulty staying on task, aggressive, rough with other students

☒ ☐ The student is capable of following the district's Student Code of Conduct without YES NO modification. If NO, complete ARD/IEP SUPPLEMENT: Behavior Management Plan.

Prevocational/Vocational (when appropriate, skills which may be a prerequisite to vocational education):

Not required for students age 14 years and under

Academic/Developmental (provide information more specific than age/grade levels):

Math: Does basic addition and subtraction problems w/70% accuracy. Unable to multiply w/70% accuracy. Is on 6th grade level in reading, Language, science, and social studies. Experiencing failure because of inability to focus on tasks.

Indicate content areas in which student's handicap significantly interferes with his/her ability to meet regular academic mastery levels:

able to function in all regular education classes with modifications

ARD01-94

INSERT IEP SHEETS AFTER THIS PAGE

ARD - 2

INDICATE NUMBER OF PAGES OF EACH IEP: R 1 Sp Voc OT PT VS MT OM HS Other

C. VS CHRISTI I.S.D.
 -- STUDENT I.E.P.

APPROVED BY A.R.D. COMMITTEE: 9-29-95 *mpj*

STUDENT NAME: JOHN RAMIREZ

SCHOOL: WYNN SEALE M.S.

COURSE TITLE: MAINSTREAMED CLASSES

EVALUATOR/TEACHER: *Special Education*

I.E.P. DATE: 9/25/95 DRAFT

I.E.P. DURATION: 9/29/95 TO 5/24/96

CONSIDERATIONS: 1-NO ENTRIES WILL BE MADE FOR OBJECTIVES UNTIL STARTED.
 2-ANTICIPATED LEVELS OF MASTERY FOR OBJECTIVES WILL BE INDICATED IN THE COLUMN LABELED 'ANT.(%) MASTERY'. 3-FINAL LEVELS OF ACHIEVEMENT FOR OBJECTIVES WILL BE INDICATED IN THE COLUMN LABELED 'FINAL (%) ACH.'. 4-OBJECTIVES ARE STATED IN MORE SPECIFIC BEHAVIORAL TERMS IN THE 'CLASS' TEXTS. 5-~~THE SCHEDULE OF EVALUATIONS WILL BE CONCURRENT WITH SIX WEEK REPORTING PERIODS.~~ *At Least Annually* *mpj*

EVALUATION METHODS: 1-BRIGANCE, 2-C.L.A.S.S., 3-OBSERVATIONS, 4-DAILY RECORDS, 5-WORK SAMPLES, 5-OTHER (*Report cards*).

CLASS CODES	GOALS AND OBJECTIVES	START DATE	ANT.(%) MASTERY	EVAL. METHOD	FINAL (%)ACH.	COMP. DATE
----------------	-------------------------	---------------	--------------------	-----------------	------------------	---------------

ANNUAL GOAL:

THE STUDENT WILL DEMONSTRATE MEASURABLE
 PROGRESS TOWARDS TASK COMPLETION.

PH2 HANDS IN HOMEWORK
 ASSIGNMENTS ON TIME.

75% 3,5,6

PH9 MAINTAINS PASSING GRADES
 IN MAINSTREAMED CLASSES.

75% 3,5,6

(JOHN RAMIREZ)

(9/25/95 ~~DRAFT~~)

R-1

Raminz		John		H. 06'29'84	
STUDENT LAST NAME		FIRST		MI DATE OF BIRTH	

4. SERVICES TO BE PROVIDED									
Duration of service is 09-29-95 to 05/24/96 for grade 06									
Academic/Developmental Subject Areas	Funct. Grade Level	SEMESTER				SEMESTER			
		Regular Ed		Special Ed Time	Progr./Grade Determined By	Regular Ed		Special Ed Time	Progr./Grade Determined By
		Yes	No			Yes	No		
A. Reading	6	✓	45	Content Mastery at least 30 min. minimum	✓				
B. English	6	✓	45		✓				
C. Math below	6	✓	45		✓				
D. Science	6	✓	45		✓				
E. Social Studies	6	✓	45		✓				
F. P.E./Enrichment		✓	45		✓				
G. 2-Fine Arts		✓	90		✓				
H. Vocational Education REG CVAE VEM									
I. VAC									
TOTAL MINUTES PER DAY		360*							

If times vary from requirements in 19 TAC §21.101, give justification: On flexible schedule

Monitoring/Coordination
 Monitoring of progress in regular education: daily weekly ✓ 3 wks ✓ 6 wks ✓ Other ✓
 Coordination of Regular/Special Education Instruction: Regular Ed. teachers
 Person(s) responsible Para ✓ Special Ed Teacher ✓ Counselor ✓ Other ✓
 Method(s) ✓ Report Cards ✓ Progress Reports ✓ Conferences ✓ Other ✓
 Schedule for evaluating progress for participation in extracurricular activities: 3 weeks ✓ 6 weeks

RELATED/OTHER SERVICES Auditory Hdcp Services <u>✓</u> Counseling <u>✓</u> Health Services <u>✓</u> Music Therapy <u>✓</u> Occupational Therapy <u>✓</u> Orientation & Mobility <u>✓</u> Physical Therapy <u>✓</u> Speech Services <u>✓</u> Transportation <u>✓</u> Vision Services <u>✓</u>	ITBS Exempt Math <u>✓</u> English <u>✓</u> Reading <u>✓</u> Social Studies <u>✓</u> Science <u>✓</u> All areas <u>✓</u>	TAAS Exempt Math <u>✓</u> Writing <u>✓</u> Reading <u>✓</u> All areas <u>✓</u> Not offered for grade <u>✓</u>	*Test Modifications: use interpreter <u>✓</u> allow oral response <u>✓</u> individual administration <u>✓</u> use braille or large print <u>✓</u> other: <u>✓</u>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Referral Date Transferred student N/A
 Test Date 11-29-94 / 1-9-95
 Medical Date DX
 IQ Test WISC-III Test WRAT-R
 V 107 P 106 FS 107 Spelling = 5.0
 Ach. Test WJ-R Test Border
 R SS 97 GE 4.5 Moderate Problem
 RC SS 96 GE 4.2 Woodcock Lang Prof. Batte
 WL SS 85 GE 3.2 SS=99, GE=4.8
 M SS 112 GE 6.0 Eng.

Comments: John will take the TAAS and any standardized testing
 Date By: DLC

ID# <u>9665114</u>	Inst. Arr. Code <u>03</u>	Prog. Type <u>CM</u>	Dis. Code <u>LD</u>
ARD Date <u>09-29-95</u>	Type <u>R</u>	Home Sch # <u>053</u>	Placement Sch # <u>053</u>

Disability Code(s) LD JCBL

ARD01-94

* Modifications needed to assure success in regular, remedial and supportive programs including eligibility for participation in extracurricular activities are specified on the following page

ARD - 3

ARD 2-94

Ramirez John H.
STUDENT LAST NAME FIRST MI

6. DETERMINATION OF PLACEMENT

Placement alternatives reviewed include services in regular and compensatory education for which the student is eligible, consideration of occupational training needs for students at or before entry into high school and additional services.

☐ Chapter I Compensatory ☒ Special Ed Resource ☐ Homebound Services
☐ Bilingual/ESL ☐ Special Ed S/C ☐ Regular Vocational
☒ Regular Education ☐ Separate Special Ed ☐ Occupational Trng
☒ Modified Regular Ed ☐ Campus

☒ Other Speech Therapy

DISCUSSION:

No longer qualifies for speech therapy - was dismissed.

☐ YES ☒ NO * Parents have been provided information about the Texas School for the Blind and Visually Impaired or Texas School for the Deaf if student is visually or auditorially handicapped or deaf-blind. ☒ Student is not AH or VH.

NOTE: LEAST RESTRICTIVE ENVIRONMENT JUSTIFICATION ARD/IEP REPORT SUPPLEMENT SHOULD BE COMPLETED BEFORE IDENTIFYING CAMPUS AND INSTRUCTIONAL ARRANGEMENT IF STUDENT IS TO BE IN SPECIAL EDUCATION FOR 50% OR MORE OF SCHOOL DAY.

The committee determined that the student's placement will be:

Wynn Seale
CAMPUS

Content Mastery Only (03)
INSTRUCTIONAL ARRANGEMENT (PEIMS TITLE)

☒ YES ☐ NO This is the campus which the student would attend if not handicapped. If NO, explain:

7. ASSURANCES (check [X] if applicable)

- The committee assures that special education placement:
 - +for national origin minority group students or linguistically different students is not based on criteria which were developed solely on command of the English language.
 - Basis for assurance:
 - ☐ adaptations in testing procedures ☒ review of parent/student information
 - ☐ use of interpreter ☒ review of language assessment
 - +is not based on deficiencies identified as directly attributable to a different culture, life-style or lack of educational opportunities.
 - Basis for assurance:
 - ☒ review of parent/student information ☐ review of sociological assessment
- The committee assures that all instructional and related services specified in the IEP will be provided to the student at no cost. Fees normally charged to nonhandicapped students or their parents, as part of the general education program, may be charged (i.e., art or laboratory fees).
- The committee assures that this student is being educated with nondisabled students to the maximum extent appropriate for the student's overall educational needs, including academic and developmental areas such as language and social needs.

☐ For students who are visually handicapped, hearing impaired, autistic, in need of behavior management, recommended for day/residential facilities, recommended for school removal/alternative placement or on separate special education campuses, see the attached IEP supplement(s).

☐ Visually/Auditorially Handicapped ☐ Extended Year Services ☐ Autistic
☐ Regional Day School for the Deaf ☐ Behavior Management Plan ☒ Minutes Page
☐ Day/Residential Placement and ☐ Least Restrictive Environment
☐ On-Site Visit Report ☐ Health Care Plan

INSERT ARD/IEP SUPPLEMENTS AFTER THIS PAGE, WHEN APPLICABLE.

Page 1 of 1

ARD MINUTES

Student's Name: John Ramirez Date: 9/29/95Date of Birth: 06/29/84 Recorder: Al. TreviñoARD Committee Members: See Signature PageCIT: 11-29-94, 1-9-95 Speech: 5/21/93, 9-26-95
Criteria: Meets eligibility as Learning Disabled/
Speech DisabilitiesInstruction: Teacher feels that John has
problems with sitting still. Moves around
the class or in hallways.Discussed Speech testing - Dismissed due to
testing data. Surgery was not done.No medication is being given at this time
but parent plans to follow up on a
medical voucher. (due to hyperactive/non atten
behavior)Academic: Math does basic operations (+, -, x, ÷)
does not know multiplication facts.English/Reading: Grade Level Reading Skills
Works best orally.John will attend all Regular Ed Classes
with modifications.Content Mastery will be available at least 30 min.
w/ky.

M-1

Ramirez John H.
STUDENT LAST NAME FIRST MI

8. SIGNATURES OF COMMITTEE MEMBERS

POSITION	SP. ED.	SIGNATURE	AGREE ()	DISAGREE ()
Parent/Guardian/Surrogate Parent or Adult Student		<i>[Signature]</i>	<input checked="" type="checkbox"/>	
Administration		<i>[Signature]</i>	<input checked="" type="checkbox"/>	
Instruction		<i>[Signature]</i>	<input checked="" type="checkbox"/>	
Instruction(SPEECH)		<i>[Signature]</i>	<input checked="" type="checkbox"/>	
Consultant/Chairperson		<i>[Signature]</i>	<input checked="" type="checkbox"/>	
Assessment*		<i>[Signature]</i>	<input checked="" type="checkbox"/>	
Counselor		<i>[Signature]</i>	<input checked="" type="checkbox"/>	
Related Services Representative				
Vocational Teacher**				
Certified VH/AH Specialist***				
LPAC				

* When assessment data are considered ** When vocational programs are considered
*** When student is identified as VH/AH

NOTE: If any member of the committee disagrees with the decisions reflected in this report, he/she may submit a separate statement presenting reasons for disagreement.

Signature of interpreter, if used at this meeting _____

☐ The ARD Committee is unable to reach mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the parent may consider alternatives, gather additional data, and/or obtain additional resource persons to present to the Committee to assist the Committee in reaching mutual agreement. The Committee will reconvene on _____

DATE

PLACE AND TIME

☐ The parent of this student was not present at the ARD Committee meeting; therefore, the committee appointed (staff member) _____ parent. _____ to communicate the results of this meeting with the

Your rights were explained to you when you received the current copy of the booklet, Special Education: Parent and Student Rights. Please refer to page vi of this booklet for information on procedural safeguards.

FOR INITIAL PLACEMENT

☐ ☐ I have received and reviewed the admission, review, and dismissal (ARD) committee report, YES NO dated _____, that has been prepared for _____.

☐ ☐ I agree with the ARD committee's decision and do give my permission for the educational placement that has been proposed for my child/me. _____ Name of Student

I understand that my consent for placement is voluntary and may be withdrawn any time. However, if I revoke consent after initial placement, my child's placement will not change unless:

- (a) the school and I agree otherwise (following ARD committee procedures), or
(b) a due process hearing resolves the dispute.

SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT OR ADULT STUDENT _____ DATE _____

I do, do not grant permission for the student to be transported by bus during the school year for the purpose of reevaluation or vocational assessment. _____

None needed
SIGNATURE OF PARENT/GUARDIAN OR SURROGATE PARENT _____

Note: This form is not to be used for:
Initial ARD
Annual Review
Shortened Day
AE/BI Placement
Reevaluation
Removal/Expulsion
Other District Transfer

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

ARD/IEP SPECIAL REVIEW

Purpose of ARD:
Course Change ()
EYS (Only) ()
Failure (X)
PLC ()

11-28-95

Date of ARD Notification

12-6-95

Date of Meeting

Student: Ramirez John (Last) (First) (MI) DOB 06/29/84 ID# 9065114

Handicapping Condition (1) LD (2) Grade 06 School Wynn Seal # 053

The ARD committee is meeting to modify the ARD committee report dated 09/29/95, and assures that the deliberations of that meeting have been reviewed.

REASON FOR MEETING: discuss two consecutive failing grades 6wks

Signature of Interpreter if used: N/A

ASSESSMENT REPORT(S) FOR RELATED SERVICES:

DEVELOPMENT OF THE IEP

- () Present competencies are unchanged.
- (X) Present competencies have changed as follows:

John failed two consecutive 6wks in English/Reading. He is a not active and fidgety. Behavior in classroom affects performance. Concentration is a problem. Disruptive behavior.

The ARD committee recommends that the student's IEP should remain unchanged except for the following:

COURSE	ADD	MOD	SPEED	COURSE	ADD	MOD	SPEED
				Reading			45
				English			45
				Math			45
				Science			45
				Social Studies			45
				PE/Enrichment			45
				Fine Arts			90
TOTAL COURSE				TOTAL			Fluency

*Indicate weekly or other contact time for related/other services

Safeguards read and explained 11-28-95 by M.L. Gonzalez

- () New IEPs have been developed for the courses/services added above (attached).
- () New modifications have been developed for the courses added above (attached).
- () A Behavior Management Plan has been developed (attached).

*Other ARD committee recommendations:

Continued monitoring of behavior. Handwritten note to teacher. Medication is not available at this time. The parent is unable to pay. She is working on getting needed perception. Discussion of behavior and monitoring will occur. Wynn Seal is on a flexible schedule see attachment.

Student: Ramirez, John

ID: 9665114

The ARD committee has determined that the student's placement will be:

School: Wynn Scale

Instructional Arrangement: 03 Content Mastery only

☒ This placement continues to be in the least restrictive environment (LRE) appropriate for this student as stated in his/her previous ARD committee report.

☐ This placement is in a more restrictive environment than that assigned in the ARD committee report noted above. An LRE supplement form has been completed (attached).

Circle One: TAAS/TBS

	Take	Exempt	Modifications:
<input type="checkbox"/> Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> use an interpreter
<input type="checkbox"/> Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> allow oral response
<input type="checkbox"/> Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> administer individually
<input checked="" type="checkbox"/> All areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> use Braille or larger print

UPDATED TIME	POSITION	SP. ED.	SIGNATURE	AGREE	DISAGREE
Regular education <u>360</u>	Parent/Guardian/Surrogate		<u>* Parent not present gave permission</u>		
Special education	Parent/Adult Student				
Related/Other Services:	Administration		<u>Conthia Lopez</u>	<input checked="" type="checkbox"/>	
Speech	Instruction	<input checked="" type="checkbox"/>	<u>M. Diane Guerrero</u>	<input checked="" type="checkbox"/>	
OT	Instruction (SPEECH)				
PT	Consultant/Chairperson				
Counselor	Assessment <u>▲</u>				
Health	Counselor				
Auditory	Related Services Rep.				
Vision	Vocational Teacher <u>◆</u>				
Music Th.	Certified VH/AH Specialist <u>★</u>				
O&M	LPAC <u>★</u>				
Special Education Transportation: <u>(V)</u>					

▲ Total time for speech and all related services ▲ When assessment data are considered ◆ When vocational programs are considered
 ★ When student is identified as VH/AH ★ For limited English proficient students

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed. Information explaining why mutual agreement has not been reached should be noted in the ARD minutes and may be attached by the ARD meeting participants.

☒ This committee mutually agreed to implement the program reflected in these proceedings. OR:

☐ This members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives and/or gather additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on _____

at _____ Place and Time _____ Date _____

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been given to Mrs. Alejandro by M. C. Gonzalez on 11-28-13. If you have questions regarding these safeguards, please feel free to call 994-3500.

COMPUTER DATA BY: M. Guerrero

UPDATED DATA

ST-002.07 09

New School Placement <u>053</u>	Previous IA Code <u>03</u>	New IA Code <u>03</u>	New Program Type <u>Cm</u>
---------------------------------	----------------------------	-----------------------	----------------------------

DATE SENT/MAILED

2-26-96

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
CORPUS CHRISTI, TEXAS
OFFICE OF SPECIAL EDUCATION

NOTICE OF THE ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING

RE: STUDENT

John Ramirez

SCHOOL

Wynn Seale

INVITATION TO MEETING

We would like to invite you to attend an Admission, Review, and Dismissal (ARD) Committee meeting to discuss educational programming for your child. We encourage you to attend this meeting as your involvement is an important part of your child's education.

DATE 3/2/96

TIME 1:50

PLACE

Wynn Seale Academy

ROOM

114B

Check (X) all appropriate spaces:

The Purpose of this meeting is to:

- ☐ Discuss, at your request, any educational or related service not proposed below
☐ Initiate special education services if your child meets eligibility criteria
☒ Review your child's program (including results of any new evaluations)
☐ Review Assessment
☐ Other (specify):

- ☒ Develop/review the Individual Transition Plan (ITP)
☒ Develop and/or review the Individual Educational Plan (IEP) for your child
☒ Consider extended year services
☒ Discuss placement

This action is proposed because:

to discuss student progress and educational placement for the 1996-97 school year

Options considered before convening this meeting:

- ☐ Extra Time for Work Completion
☐ Add/Drop Related Services
☐ Compensatory Education
☒ Parent Conferences
☒ Change Modifications
☒ Increase/Decrease Special Education Time
☒ General Education

- ☒ Preferential Seating
☐ Oral Tests
☐ Counseling
☐ ISS
☐ Bilingual/ESL
☐ 504 Programs

- ☒ Behavior Management Strategies
☒ Modified or Shortened Assignments
☐ Add Vocational Classes
☐ Continue Current Program
☐ Tutoring
☐ Other

The provision of any educational or related service not proposed for discussion in this notice will be discussed at your request (describe if applicable).

Check (X) all appropriate boxes.

The following persons have been asked to attend the meeting:

- ☒ Parent/Guardian/Surrogate Parent/Adult Student
☒ Instructional Representative
☒ School Administrator
☒ Special Education Representative
☐ Adult Service Agency Representative
☐ Special Education Assessment Staff
☐ Other (list):
- ☐ Speech Pathologist
☐ Counselor
☐ Student
☐ LPAC Representative
☐ Vocational Representative

The following evaluation procedures, tests, records or reports will be reviewed and discussed:

- ☒ Comprehensive Individual Assessment (e.g., language, physical, emotional/behavioral, sociological, intellectual, educational performance)
☐ School Permanent Records (e.g., grades, attendance reports, teachers' observations, achievement test scores, discipline reports)
☒ Classroom Observation Reports/Teacher Reports
☒ Independent Evaluation Reports
☐ Parent Information
☐ Other (list):

Other factors relevant to this ARD committee meeting (describe if applicable):

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been sent to Guadalupe Alejandro by M.L. Gonzalez on 2-26-96. If you have questions regarding these safeguards, please feel free to call 954-3500.

FOR SCHOOL USE ONLY

White Copy: Parent Copy Yellow Copy: Retain to document reasonable attempts to schedule meeting at agreed time. Attach yellow copy to ARD/IEP (Initial, Annual, Special review) form and file in eligibility folder. Reminder was sent on 3-11-96 by Students Telephone call made on 3-11-96 by MLG. Mother can't will try to come, but if she can't she gives us permission to have meeting. You were previously sent the Notice of Comprehensive Individual Assessment which described the evaluation procedures and tests which would be used to determine your child's educational needs.

DETACH HERE

All procedures and information in this document are required by law.

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

ADMISSION, REVIEW AND DISMISSAL (ARD) COMMITTEE MEETING

☐ Admission
☒ Review
☐ Dismissal

2-26-96

ARD NOTIFICATION DATE

3-12-96

DATE OF MEETING

Please Print

Bamirez		John		H	9665114	(M)	X
STUDENT LAST NAME		FIRST		MI	ID NUMBER		
06/29/84		Wynn Seale		AFA Middle School		6/CM	053
DATE OF BIRTH		SCHOOL		GRADE/PROG		SCHOOL	

☐ yes ☒ no An interpreter was used to assist in conducting the meeting. If YES, specify language or other mode of communication _____

A. REVIEW OF ASSESSMENT DATA (check ☒ if applicable)

☒ Comprehensive individual assessment 1-9-95 DATE(S) OF REPORT(S) _____

☐ Assessment(s) for related services. Specify: _____

☐ Assistive technology addressed in _____ assessment report(s) dated _____. Recommended: ☐ yes ☐ no (ARD 3)

☐ Vocational assessment report date _____

☐ Other Assessment _____

☐ Information from the student's Individual Transition Plan dated: _____

☐ Information from the Language Proficiency Assessment Committee _____

☐ Records from other school districts _____

☒ Information from parents/student Parent feels John is doing better

☒ Information from school personnel Review IEP / Report Cards

☐ Information/records from other agencies or professionals _____

☐ yes ☒ no Additional assessment is needed. Timeline for completion _____

B. DETERMINATION OF ELIGIBILITY (check ☒ if applicable)

Based on the assessment data reviewed, the ARD committee had determined that the student

☐ does not meet eligibility criteria to receive special education services.

☒ meets eligibility criteria for.

☒ learning disability

☐ mental retardation

☐ orthopedic impairment

☐ visual impairment

☐ speech impairment

☐ autism

☐ traumatic brain injury

☐ auditory impairment

☐ emotionally disturbed

☒ other health impairment

☐ multiple disabilities

☐ deaf-blind

C. DISABILITY/DISABILITIES

Assigned by ARD Committee

(A disability should be noted here only if special education services are to be provided. See ARD-2)

Other Health Impaired

White - eligibility folder

Pink - counselor

Yellow - teacher

Goldenrod - parent copy

1/96
ARD-1

D. DEVELOPMENT OF THE INDIVIDUAL EDUCATIONAL PLAN (IEP)

☒ yes ☐ no

The ARD committee reviewed student achievement on each current IEP. (Applicable to all but initial ARD meetings.)

Present Competencies:

Physical, as it affects participation in instructional settings and physical education

ADHD was diagnosed this year

Medication/Health Care

Ritalin 10 (2 x daily) am & pm

☒ yes ☐ no

The student is capable of receiving instruction in the essential elements of physical education through the general education program without modification. Comments:

Behavioral, as it affects educational placement, programming, or discipline

improvement seen with medication; without medication John is disruptive, talkative, out-of-seat, needs refocusing

☒ yes ☐ no

The student is capable of following the Student code of Conduct without modification. If no, complete ARD/IEP SUPPLEMENT: Behavior Management Plan (ARD BMP 1 & 2).

Prevocational/Vocational skills which may be prerequisite to vocational education (when appropriate)

not age appropriate

Academic/Developmental (grade or age levels alone are not acceptable)

Math: Can do +, -, x & ÷ of all whole #s and decimals English: Can write simple paragraph with correct grammar & punctuation Reading: Can read a selection with understanding the main idea and sequence

Indicate content areas in which the student's disability significantly interferes with his/her ability to meet regular academic mastery levels

All Regular Education classes (modified)

Services for which the student is eligible were reviewed and discussed

- ☐ Compensatory education
- ☐ Bilingual education
- ☐ ESL instruction

- ☒ Tutorials/academic remediation
- ☐ Transition services?
- ☐ Vocational education

- ☒ General Education
- ☐ other: _____
- ☐ other: _____

The ARD Committee agrees that the student

☒ Needs and will receive special education services

☐ Does not need and will not receive special education services for the following reasons:

Include consideration of occupational training needs for students at or before entry into high school or by age 14.

INSERT IEP SHEETS AFTER THIS PAGE

INDICATE NUMBER OF PAGES OF EACH IEP: R 2 Sp _____ Voc _____ OT _____ PT _____ VS _____ MT _____ OM _____ HS _____ Other _____

CO. E. CHRISTI I.S.D.
STUDENT I.E.P.

APPROVED AT A.R.D. COMMITTEE: 9-29-95 *MDT*

STUDENT NAME: JOHN RAMIREZ

SCHOOL: WYNN SEALE H.S.

COURSE TITLE: MAINSTREAMED CLASSES

EVALUATOR/TEACHER: *Special Education*

I.E.P. DATE: 9/25/95 ~~MDT~~

I.E.P. DURATION: 9/29/95 TO 5/24/96

CONSIDERATIONS: 1-NO ENTRIES WILL BE MADE FOR OBJECTIVES UNTIL STARTED.
2-ANTICIPATED LEVELS OF MASTERY FOR OBJECTIVES WILL BE INDICATED IN THE COLUMN LABELED 'ANT.(%) MASTERY'. 3-FINAL LEVELS OF ACHIEVEMENT FOR OBJECTIVES WILL BE INDICATED IN THE COLUMN LABELED 'FINAL (%) ACH.'. 4-OBJECTIVES ARE STATED IN MORE SPECIFIC BEHAVIORAL TERMS IN THE 'CLASS' TEXTS. 5-~~THE SCHEDULE OF EVALUATIONS WILL BE CONCURRENT WITH SIX WEEK REPORTING PERIODS.~~ *At Least Annually MDT*

EVALUATION METHODS: 1-BRIGANCE, 2-C.L.A.S.S., 3-OBSERVATIONS, 4-DAILY RECORDS, 5-WORK SAMPLES, 6-OTHER (report cards).

CLASS CODES	GOALS AND OBJECTIVES	START DATE	ANT.(%) MASTERY	EVAL. METHOD	FINAL (%)ACH.	COMP. DATE
-------------	----------------------	------------	-----------------	--------------	---------------	------------

ANNUAL GOAL:

THE STUDENT WILL DEMONSTRATE MEASURABLE PROGRESS TOWARDS TASK COMPLETION.

HANDS IN HOMEWORK ASSIGNMENTS ON TIME.

9/95 75% 3,5,6 75% 2/16/96

Mastered Goals

PHO MAINTAINS PASSING GRADES IN MAINSTREAMED CLASSES.

9/95 75% 3,5,6 75% 2/16/96

(JOHN RAMIREZ)

(9/25/95 ~~MDT~~)

R-1

CORPUS CHRISTI I.S.D.
STUDENT I.E.P.APPROVED BY A.R.D. COMMITTEE: 3-12-96
not

STUDENT NAME: JOHN RAMIREZ

SCHOOL: WYNN SEALE

COURSE TITLE: MAINSTREAMED CLASSES

EVALUATOR/TEACHER: Special EducationI.E.P. DATE: 3-4-96I.E.P. DURATION: 8-14-96 to 5-22-97

CONSIDERATIONS: 1-NO ENTRIES WILL BE MADE FOR OBJECTIVES UNTIL STARTED.
 2-ANTICIPATED LEVELS OF MASTERY FOR OBJECTIVES WILL BE INDICATED IN
 THE COLUMN LABELED 'ANT.(%) MASTERY'. 3-FINAL LEVELS OF ACHIEVEMENT
 FOR OBJECTIVES WILL BE INDICATED IN THE COLUMN LABELED 'FINAL (%)
 ACH.'. 4-OBJECTIVES ARE STATED IN MORE SPECIFIC BEHAVIORAL TERMS IN
 THE 'CLASS' TEXTS. ~~5-THE SCHEDULE OF EVALUATIONS WILL BE CONCURRENT~~
~~WITH SIX WEEK REPORTING PERIODS.~~ at least annually not

EVALUATION METHODS: 1-BRIGANCE, 2-C.L.A.S.S., 3-OBSERVATIONS, 4-DAILY RECORDS,
 5-WORK SAMPLES, 6-OTHER (progress report).

CLASS CODES	GOALS AND OBJECTIVES	START DATE	ANT.(%) MASTERY	EVAL. METHOD	FINAL (%)ACH.	COMP. DATE
----------------	-------------------------	---------------	--------------------	-----------------	------------------	---------------

ANNUAL GOAL:

THE STUDENT WILL DEMONSTRATE MEASURABLE
 PROGRESS TOWARDS TASK COMPLETION.

PH2 HANDS IN HOMEWORK
 ASSIGNMENTS ON TIME.

75% 3,5,6

PH9 MAINTAINS PASSING GRADES
 IN MAINSTREAMED CLASSES.

80% 3,6

(JOHN RAMIREZ)

()

R-2

E. INSTRUCTIONAL MODIFICATIONS/SUPPORTS DETERMINED BY ARD COMMITTEE

NAME OF STUDENT Ramirez, John

ID NUMBER 9605114

SCHOOL YEAR 96-97

A student's IEP must be reviewed if this student has not received passing grades in the same content area for two consecutive six-week reporting periods. (Students with speech impairments only may be excluded from this requirement except when the failure is in language arts instruction.)

The ARD committee has determined that the following modifications are necessary for the student to succeed.

SPECIAL LANGUAGE PROGRAMS¹

☐ Bilingual
☒ ESL

BEHAVIOR MANAGEMENT PLAN

☐ YES
☒ NO

REGULAR DISCIPLINE PLAN

☒ YES
☐ NO

ASSISTIVE TECHNOLOGY

☐ YES
☒ NO

☐ NO MODIFICATIONS NEEDED

☐ Exempt from Essential Elements - grades based upon IEP progress

ALTER ASSIGNMENTS BY PROVIDING:

	Language Arts	Math	Science	History	Fine Arts	PE/Enrichment
Reduced assignments	✓	✓				
Taped assignments						
Extra time for completing assignments	✓	✓	✓	✓	✓	✓
Opportunity to respond orally						
Task analysis of assignments						
Special projects in lieu of assignments						
Other:						

ADAPT INSTRUCTION BY PROVIDING:

Short instructions (1 or 2 steps)						
Opportunity to repeat and explain instructions						
Encouragement to verbalize steps needed to complete assignment/task						
Opportunity to write instructions						
Assignment notebooks						
Visual aids (pictures, flash cards, etc.)						
Auditory aids (cues, tapes, etc.)						
Instructional aids						
Extra time for oral response						
Exams of reduced length	✓	✓	✓	✓	✓	
Oral exams						
Open book exams						
Study carrel for independent work						
Frequent feedback	✓	✓	✓	✓	✓	✓
Alter grade distribution						
Minimal auditory distractions						
Leave class for CMC assistance	✓	✓	✓	✓	✓	
Peer tutoring/paired working arrangement						
Opportunity for student to dictate themes, information, answers on tape or to others						
Other:						
<input checked="" type="checkbox"/> Use repeated drill/review <input type="checkbox"/> Use sign language <input checked="" type="checkbox"/> Use various modalities <input type="checkbox"/> Adjustments for misarticulations in response						

¹Special language programs are required for all students who are limited English proficient.

Ramirez, John

NAME OF STUDENT _____

ID NUMBER

SCHOOL YEAR 96-97

GOAL & OBJECTIVE/SUBJECT

ADAPT MATERIALS BY PROVIDING:

[illegible]

MANAGE BEHAVIOR BY PROVIDING:

Clearly defined limits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Frequent reminders of rules	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Positive reinforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Frequent eye contact/proximity control	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Frequent breaks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Private discussion regarding behavior	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
In-class timeout	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Opportunity to help teacher						
Seat near the teacher						
Supervision during transition activities						
Implementation of behavior contract						
Other:						

REQUIRED EQUIPMENT/ASSISTIVE TECHNOLOGY:

ADDITIONAL TECHNOLOGY:					
Access to equipment					
Augmentative communication device					
Calculators					
Interpreter					
Note taker/note taking paper					
Word processors					
Other:					
Other:					

Criterion referenced assessment (TASB/TBS):

✓ will take mathematics
will take writing

☒ will take reading
☐ not offered for this student's
grade placement

_____ exempt in all areas
will take science

_____ will take social studies

Modifications as defined in test administration materials:

☐ allow oral response ☐ use interpreter ☐ use braille or large print ☐ individual administration

(Other) Small group
administration

¹Until Spanish TAAS tests are available, LEP students exempt from the English TAAS must be tested with alternate measures of accountability.

ARD